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TRANSMITTAL FORM		Application Number	10/644,720
		Filing Date	August 20, 2003
		First Named Inventor	Jeffrey C. Hessenberger
		Art Unit	3725
		Examiner Name	Shelley M. Self
Total Number of Pages in This Submission	12	Attorney Docket Number	066042-9398-01

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Before Final
<input type="checkbox"/> After Final	<input type="checkbox"/> Affidavits/Declarations
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> PTO-1449 Form(s)
<input type="checkbox"/> Cited References	<input type="checkbox"/> Certified Copy of Priority Document
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Other

PETITION FOR EXTENSION OF TIME

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

<input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27.
<input type="checkbox"/> Applicant(s) petitions for a three-month extension of time and pay the fee of \$475.00 (37 CFR 1.17(a)(1)-(5).
<input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES

No additional claim fee is required.

	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Small Entity		Large Entity	
				Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	40	-	40	=0	x 25= \$	x 50= \$0	\$0
Independent	2	-	5	=0	x 100= \$	x 200= \$0	\$0
<input type="checkbox"/> First Presentation of Multiple Claim				+ 180= \$		+ 360= \$0	

FEES

<input type="checkbox"/> Additional Claim Fee	\$0.00
<input type="checkbox"/> Extension fee for one-month	\$0.00
<input type="checkbox"/> Information Disclosure Statement	\$0.00
<input type="checkbox"/> Surcharge for Missing Parts – Declaration	\$0.00
<input type="checkbox"/> Terminal Disclaimer	\$0.00
	TOTAL FEES
	\$0.00

PAYMENT OF FEES

A check in the amount of \$ is enclosed.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3080.

The Director is authorized to charge Deposit Account Number 13-3080 in the amount of \$0.00.

SIGNATURE OF ATTORNEY

Paul M. McGinley, Reg. No. 55,443
MICHAEL BEST & FRIEDRICH, LLP
100 East Wisconsin Avenue
Milwaukee, Wisconsin 53202-4108
Telephone: (312) 222-0800


Signature
Date: 1/19/05

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is:

being facsimile transmitted to the USPTO, facsimile number (703) 872-9306.

deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Typed or printed name	Elizabeth M. Campbell Tressler	Date: 1/19/05
Signature		